A Satyam Roychowdhury Initiative

ROLE OF CHILDHOOD TRAUMA AND LIFE STRESSORS ON PERCEPTION OF PARANORMAL EXPERIENCES

This dissertation is submitted for the partial fulfillment for the Degree of

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CERTIFICATE

This is to certify that the dissertation entitled "Role of Childhood Trauma and Life Stressors on Perception of Paranormal Experiences", submitted by Riya Ramani, M.Sc. student in Clinical Psychology, Sister Nivedita University, is a bonafide piece of work carried out by her under my supervision. This dissertation may be placed before the board of examiners for evaluation.

This work is submitted in partial fulfillment of the requirements for the degree of M.Sc. in Applied Psychology (Specialization in Clinical Psychology), Sister Nivedita University.

This is an original study conducted by the candidate and has not been submitted by her in any form for any other degree of this or any other university.

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PLAGIARISM CERTIFICATE

I, Riya Ramani, hereby declare that the research work titled, "Role of Childhood Trauma and Life Stressors on Perception of Paranormal Experiences", has been completed with full honesty and integrity. I confirm that the work is original, and all sources of information have been appropriately acknowledged and cited. I take full responsibility for the content and findings presented in this research.

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ABSTRACT

Belief in the paranormal—ranging from ghosts and spirits to extrasensory perception—has long fascinated researchers, often linked to psychological and experiential factors. While sometimes dismissed as irrational, such beliefs may serve as coping mechanisms, especially for individuals exposed to trauma or stress. This study examines the relationship between childhood trauma, major life stressors, and paranormal belief, within the broader framework of parapsychological research.

The study employed a quantitative, correlational research design with purposive sampling. A sample of 60 participants, aged between 18 and 30 years, was taken primarily from university settings. Standardized self-report instruments were used: the Childhood Trauma Questionnaire (CTQ) to assess early traumatic experiences, the Holmes and Rahe Stress Scale to evaluate major life stressors, and the Revised Paranormal Belief Scale (RPBS) to measure the extent of belief in paranormal phenomena. Gender differences in trauma and belief scores were also examined using non-parametric methods due to non-normal data distribution.

The analysis revealed no statistically significant relationships between childhood trauma and paranormal belief, nor between major life stressors and paranormal belief. Furthermore, childhood trauma and major life events were not significantly associated with each other. Gender-based differences in childhood trauma and paranormal belief were also found to be non-significant, despite observable differences in mean scores.

These findings suggest that, within this sample, neither trauma, life stressors, nor gender play a significant role in influencing belief in the paranormal. Limitations such as the small and relatively homogenous sample, reliance on self-reported data, and the cross-sectional nature of the study may have influenced the results. Nevertheless, this study adds to the body of psychological research on paranormal belief, underlining the importance of future investigations that include larger, more diverse samples and

explore cognitive and cultural influences in greater depth.

Keywords: childhood trauma, life stressors, major life events, paranormal belief, parapsychology

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INTRODUCTION

PARAPSYCHOLOGY

Parapsychology is a branch of psychology that studies experiences and phenomena that seem to go beyond what current science can explain. These experiences, often grouped under the term psi, include abilities and events like telepathy, clairvoyance, psychokinesis, and precognition. Parapsychologists also explore phenomena such as near-death experiences (NDEs), claims of reincarnation, and encounters often described as ghost sightings or hauntings (Cardeña, 2018).

The field is formally defined as the scientific study of reported psychic phenomena and other paranormal claims. The term parapsychology became popular in the early 20th century, aiming to set apart serious scientific investigation from occultism, spiritualism, and popular mysticism. Parapsychology tries to use systematic, empirical methods to test claims that challenge the established scientific understanding in areas like psychology, neuroscience, and physics (Irwin & Watt, 2007).

Parapsychology mainly focuses on three areas:

- Extrasensory Perception (ESP): Gaining information without using known senses or logical reasoning.
    - Telepathy: Mind-to-mind communication.
    - Clairvoyance: Sensing distant or hidden objects or events.
    - Precognition: Knowing future events without inference.

- Psychokinesis (PK): The ability to mentally influence physical objects or systems without physical contact.
- Survival Hypothesis and Anomalous Experiences: Exploring the possibility of life after death through:
    - Near-Death Experiences (NDEs): Transformative experiences by people close to death.
    - Reincarnation Research: Especially among children recalling verifiable past lives.
    - Mediumship and Apparitions: Reports of communication with the deceased or ghost-like encounters (Stevenson, 2001).

The formal investigation of parapsychology began in the late 19th and early 20th centuries with the creation of organizations like the Society for Psychical Research (SPR) in the UK (1882) and the American Society for Psychical Research (ASPR). In the early years, research mainly centered around spiritualism, mediumship, and hypnotism. A significant shift occurred in the 1930s with J. B. Rhine at Duke University, who introduced experimental methods and statistical analysis to bring scientific rigor to the study of ESP and PK (Rhine, 1934).

Parapsychologists use various research methods to explore these phenomena, including:

- Ganzfeld Experiments: Testing telepathy under conditions of reduced sensory input.
- Random Number Generator (RNG) Studies: Studying psychokinetic effects on machines or chance events.
- Case Studies: Especially used in reincarnation and NDE research to document and verify claims.
- Double-Blind Protocols: Reducing bias and ensuring more reliable results.

However, despite efforts to maintain strict controls, parapsychological research often faces criticism. Some major concerns include:

- Lack of Replicability: Many experiments produce results that cannot be consistently repeated.
- Methodological Issues: Some studies have design flaws, poor controls, or errors in statistical analysis.
- Weak Theoretical Framework: Parapsychology lacks a solid, widely accepted scientific explanation.
- Association with Pseudoscience: Its connection with occult and fringe practices has harmed its reputation (Alcock, 2011).

From a psychological perspective, whether these experiences are objectively real or not, they can have significant emotional and cognitive effects on individuals. Researchers study them through fields like transpersonal psychology, anomalistic psychology, and neurotheology. Some suggested practical uses of parapsychology include:

- Therapeutic Approaches: Using anomalous experiences in therapy for trauma healing, spiritual growth, or meaning-making.
- Consciousness Studies: Investigating the limits of memory, perception, and identity.
- Human Potential Research: Exploring extraordinary abilities during altered states of consciousness.

Emerging technologies, such as advanced brain imaging, quantum physics, and artificial intelligence, may open new doors for experimental research in parapsychology in the future.

PARANORMAL BELIEFS: PSYCHOLOGICAL FOUNDATIONS AND CULTURAL SIGNIFICANCE

Paranormal beliefs refer to convictions in phenomena that defy known laws of science and cannot be explained by conventional empirical understanding. These beliefs often

encompass the existence of ghosts, spirits, telepathy, astrology, reincarnation, witchcraft, demonic possession, curses, psychic powers, and communication with the dead. Though these beliefs lie outside mainstream scientific explanations, they remain widespread across cultures and age groups, offering rich material for psychological and sociocultural inquiry (Irwin, 2009).

Common categories of paranormal beliefs include:

• Supernatural entities: ghosts, spirits, demons, angels

• Extra-sensory phenomena: telepathy, clairvoyance, psychokinesis

• Divinatory practices: astrology, palmistry, tarot

• Life-after-death beliefs: reincarnation, near-death experiences, spirit communication

• Witchcraft and sorcery: belief in hexes, curses, spells

• Cryptozoology: belief in entities like Bigfoot or the Loch Ness Monster

• UFOs and extraterrestrials: alien abductions and visitations

Paranormal beliefs have been studied extensively in psychology from various theoretical perspectives. Key psychological explanations include:

a. Cognitive Biases and Heuristics

Paranormal beliefs are often underpinned by cognitive biases such as: (Shermer, 2003)

• Pattern recognition bias (apophenia): the tendency to perceive connections or patterns in random stimuli.

• Confirmation bias: the tendency to interpret new evidence as confirming one's pre-existing beliefs.

• Agency detection: a hyperactive tendency to attribute events to intentional agents, possibly rooted in evolutionary survival strategies.

These biases can lead individuals to perceive supernatural causes behind natural or ambiguous events.

b. Personality Traits and Psychological Needs

Studies have found associations between certain personality traits and susceptibility to paranormal beliefs: (Irwin, 2009)

• High openness to experience (Big Five) has been linked to acceptance of unconventional beliefs.

• Locus of control: individuals with an external locus of control may be more prone to believe in paranormal forces as explanations for life events.

• Need for control and meaning: paranormal beliefs can serve as compensatory mechanisms during times of uncertainty, fear, or trauma.

• Fantasy proneness and dissociation have also been associated with a greater likelihood of endorsing such beliefs.

c. Developmental and Educational Factors

Research suggests that lower levels of scientific literacy and greater exposure to magical thinking during childhood may contribute to the persistence of paranormal beliefs in adulthood. However, such beliefs are not restricted to the uneducated—many individuals with higher education also report belief in or experiences of the paranormal,

indicating that emotional, cultural, and existential factors play significant roles (Aarnio & Lindeman, 2005).

In the digital age, the internet and mass media have amplified exposure to paranormal content through movies, television, online forums, and storytelling platforms. These not only spread paranormal narratives but also help normalize and socially reinforce such beliefs.

Modern psychological research increasingly understands paranormal beliefs not simply as irrational or fringe, but as expressions of cognitive, emotional, cultural, and existential processes. Scholars advocate for a non-pathologizing approach that respects the subjective meaning and psychological function of these beliefs.

CHILDHOOD TRAUMA: PSYCHOLOGICAL FOUNDATIONS, IMPACT AND RELEVANCE

Childhood trauma refers to distressing experiences before age 18 that disrupt a child's sense of safety, trust, and identity, often resulting in long-term psychological, emotional, and physiological effects. It is a critical focus within psychology, influencing immediate development and shaping mental health, behavior, and personality across the lifespan.

Childhood trauma includes a wide range of harmful experiences. According to Cook et al. (2005): a. Acute Trauma: A single distressing incident, like a natural disaster or sudden loss.

b. Chronic Trauma: Repeated exposure to adverse events such as physical abuse or emotional neglect.

c. Complex Trauma: Multiple or chronic traumatic events within caregiving relationships, deeply impacting identity development.

d. Developmental Trauma: Trauma disrupting early attachment relationships, caused by emotional unavailability, inconsistency, or abuse, as described by van der Kolk (2005).

Trauma can stem from physical, emotional, or sexual abuse; neglect; witnessing domestic violence; parental substance abuse or mental illness; separation from

caregivers; peer bullying; community violence; medical trauma; or natural disasters. Felitti et al. (1998) noted that factors like poverty and discrimination further increase vulnerability.

Developmental neuroscience research shows that early trauma impacts the brain contributing to emotional dysregulation, dissociation, hypervigilance, and cognitive impairments. Significantly raises the risk of psychological disorders, including PTSD, depression, anxiety, dissociative disorders, attachment disorders, borderline personality disorder, eating disorders, substance abuse, low self-esteem, and self-harm behaviors. Externalizing behaviors like aggression and delinquency may also emerge when trauma remains unaddressed (van der Kolk, 2014).

Long-term effects of childhood trauma include chronic illnesses (e.g., cardiovascular disease), cognitive impairments, relationship problems, increased risk of revictimization, and transmission of trauma across generations (Anda et al., 2006). The ACE Study (Felitti et al., 1998) demonstrated a strong link between the number of adverse childhood experiences and later physical and psychological problems.

Cultural norms, family systems, and social structures shape how trauma is experienced and expressed. In some societies, trauma is denied, stigmatized, or spiritualized, affecting help-seeking behaviors and healing. Collective traumas such as poverty and war can compound individual trauma (Somasundaram & Sivayokan, 2013).

Not every child exposed to trauma develops lasting psychopathology. Protective factors —such as supportive caregivers, therapy access, emotional intelligence, and community resources—can foster resilience. Some individuals even experience post-traumatic growth, developing greater empathy, insight, or purpose (Tedeschi & Calhoun, 2004).

Recognizing the profound impact of childhood trauma is essential for understanding emotional suffering, adaptation, and the shaping of identity. Integrating this knowledge into research enhances our comprehension of belief systems, vulnerability, resilience, and human cognition.

LIFE STRESSORS AND MAJOR LIFE EVENTS

Life stressors are external demands or circumstances that challenge an individual's ability to adapt, cope, or maintain psychological balance. These can be acute or chronic, internal or external, and their intensity varies depending on personal, social, and cultural factors.

- Acute Stressors are sudden, time-limited events that disrupt an individual's routine, such as natural disasters, accidents, job loss, or illness diagnosis.
- Chronic Stressors are ongoing situations that gradually deplete coping resources, such as financial instability, long-term caregiving, academic pressure, or marital conflict.
- Daily Hassles are minor but recurrent irritations that accumulate over time, affecting well-being. Examples include commuting difficulties, workload, or interpersonal disagreements.
- Traumatic Stressors are severe threats to safety or integrity, leading to lasting psychological trauma, such as sexual or physical assault, exposure to violence, or war experiences.

Major life events, whether positive or negative, bring significant changes in an individual's life. These events require psychological adjustment and often serve as milestones that are either traumatic, stressful, or transitional. Examples include the death of a loved one, divorce or separation, serious illness, marriage or childbirth, relocation, academic transitions, or legal troubles. Although these events are not inherently harmful, failure to adapt effectively can result in emotional strain or mental health issues.

Several theories explain how life stressors and major life events affect individuals. The Stress-Diathesis Model suggests that psychological disorders emerge from the interaction between an individual's vulnerabilities and external stressors. The Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) emphasizes cognitive appraisal and coping mechanisms, viewing stress as the result of the

interaction between an individual and their environment. The General Adaptation Syndrome (Selye, 1956) describes the body's physiological response to stress in three stages: alarm, resistance, and exhaustion. Prolonged stress without resolution can lead to a breakdown in health and coping capacity.

Exposure to life stressors can lead to a variety of mental health consequences, including depression, anxiety, adjustment disorders, PTSD, substance abuse, burnout, and somatic complaints. Repeated exposure to stress or multiple simultaneous stressors can intensify emotional and physiological responses.

Understanding life stressors and major life events is essential for clinical practice. Approaches such as Cognitive Behavioral Therapy (CBT), Trauma-Focused Therapy, Narrative Therapy, and Mindfulness-Based Stress Reduction (MBSR) are effective interventions for those dealing with life stress and trauma. Psychoeducation and trauma-informed care are vital components of supporting individuals impacted by these stressors

In conclusion, life stressors and major life events are integral to the human experience. While some events foster growth, others can overwhelm coping abilities, leading to psychological disturbances. In the context of parapsychology, stress and trauma can trigger altered perceptions or the need to attribute meaning to unexplainable experiences. Therefore, any comprehensive exploration of psychological vulnerability or paranormal cognition must consider the profound impact of life stressors on the human psyche.

NEUROLOGICAL FACTORS IN PARANORMAL PERCEPTION

The brain plays a crucial role in how we perceive and interpret anomalous or paranormal experiences. Various neurological mechanisms and brain regions may underlie experiences like sensing a presence, hearing voices, or out-of-body experiences. These phenomena, often viewed through cultural or supernatural lenses, may have identifiable roots in the brain's functioning and structure.

One key area is the temporal lobes, especially the right temporal lobe. Studies, including Persinger's "God Helmet" experiments, show that stimulation of this region can induce sensations such as a sensed presence or déjà vu, commonly linked to paranormal experiences. This suggests that heightened temporal lobe activity—whether due to trauma, epilepsy, or external stimulation—may trigger vivid paranormal experiences.

The limbic system, which includes the amygdala and hippocampus, is crucial for processing emotions and forming memories. In some individuals with temporal lobe epilepsy, abnormal limbic activity can lead to intense spiritual or mystical experiences that are interpreted as paranormal.

Sleep-related phenomena, like sleep paralysis and hypnagogic hallucinations, can also explain paranormal experiences. These occur during transitions between sleep and wakefulness and can involve seeing figures or hearing voices, often interpreted as ghostly encounters or alien abductions.

The brain is wired to detect agency—intention or purpose—even in ambiguous situations, a trait known as hyperactive agency detection. This evolutionary feature, helpful in detecting threats, can sometimes misfire, leading individuals to interpret benign stimuli (like creaky floorboards) as intentional, fostering perceptions of apparitions or voices.

Neurochemical imbalances, particularly involving dopamine, can also contribute to paranormal experiences. Elevated dopamine levels are associated with increased pattern detection and unusual beliefs, which are common in both paranormal ideation and psychiatric conditions like schizophrenia.

The prefrontal cortex, which is responsible for decision-making, logic, and distinguishing between internal thoughts and external reality, also plays a role. Impairments in this area —due to fatigue, substance use, or psychiatric conditions—can reduce the ability to critically assess sensory data and increase susceptibility to paranormal interpretations.

In summary, neurological factors offer valuable insights into why people report paranormal experiences. This perspective doesn't invalidate individual experiences but

suggests that these events may originate from the brain's internal processes rather than external supernatural forces.

DISSOCIATION AND FANTASY PRONENESS IN PARANORMAL PERCEPTION

Dissociation and fantasy proneness are key psychological mechanisms that help explain why certain individuals report vivid, compelling paranormal phenomena like ghost sightings, alien abductions, telepathic experiences, or out-of-body sensations. These traits relate to how individuals process internal experiences and distinguish between imagination and reality.

Dissociation refers to a psychological process where there is a disconnection or lack of integration between thoughts, memories, feelings, actions, or sense of identity. It exists on a spectrum, from everyday occurrences like daydreaming to more severe forms found in trauma-related disorders, such as Dissociative Identity Disorder (DID) and Depersonalization/Derealization Disorder. In the context of paranormal perception, dissociation is relevant in two key forms:

- Absorption: This subclinical form of dissociation involves becoming intensely absorbed in internal imagery or sensory experiences, often to the point of losing awareness of surroundings. Absorption is linked to imaginative involvement and is a predictor of paranormal experiences.
- Pathological Dissociation: Individuals with trauma histories, especially childhood trauma, may use dissociation as a defense mechanism. This can lead to paranormal-like experiences, such as feeling possessed or seeing spirits, which are internally generated but perceived as external phenomena due to disruptions in consciousness.

Studies show that people who report high levels of paranormal belief tend to score higher on dissociation scales like the Dissociative Experiences Scale (DES).

Fantasy proneness, first described by Wilson and Barber (1983), is the tendency to engage in vivid, immersive fantasizing. Fantasy-prone individuals often spend a

significant amount of time in imaginative activity, have rich inner worlds, and may confuse fantasy with real memories or perceive fantasies as external events.

Research indicates a strong correlation between dissociation and fantasy proneness. Both traits may originate in childhood, often shaped by environmental factors such as trauma or neglect. Together, these traits create a fertile ground for paranormal ideation, making individuals more likely to experience vivid internal phenomena, confuse dreams with memories, or interpret ambiguous events as supernatural. For example, a dissociative, fantasy-prone person might interpret sleep paralysis as a demonic encounter or perceive flashes of intuition as telepathy.

In conclusion, dissociation and fantasy proneness provide a psychological framework for understanding why some individuals are more receptive to paranormal perceptions. These traits help explain why certain experiences—such as apparitions, precognition, or spiritual communication—are more frequent and vivid for specific individuals.

COPING MECHANISMS AND MEANING-MAKING IN PARANORMAL PERCEPTION

Paranormal experiences are not just perceptual anomalies or cognitive distortions; they often serve deeper psychological functions, especially in coping and meaning-making. Individuals often turn to paranormal explanations during times of distress or uncertainty, using them as ways to make sense of complex emotional experiences. These beliefs or encounters provide psychological comfort, offering individuals a sense of control, coherence, and reassurance during challenging times.

When faced with overwhelming events like the death of a loved one, personal failure, illness, or natural disasters, many seek spiritual explanations that restore a sense of control or purpose. Beliefs in life after death, reincarnation, or guardian spirits provide emotional reassurance, reducing anxiety and offering hope for the future. Terror Management Theory (TMT) explains that humans develop worldviews, including paranormal beliefs, to manage awareness of mortality.

Attributing a tragic event to karma, spiritual punishment, or divine will can help reduce

feelings of helplessness, even if the explanations are unverifiable. Bereavement provides a well-documented context for paranormal perception, where people report after-death communications (ADCs), such as sensing a presence, hearing voices, or having dreams of the deceased. These experiences often aid in the grieving process, offering emotional closure and preserving a sense of continuity with the deceased. For many, such encounters are meaningful, affirming the possibility of an afterlife and easing existential distress. Surviving a near-death experience may be seen as divine intervention, offering a renewed sense of purpose.

Pathologizing such experiences without understanding their emotional or spiritual function can be harmful. Clinicians try to distinguish between delusional ideation and culturally supported belief systems. Validating these experiences can help individuals process trauma, recover from loss, and develop a more resilient worldview.

In conclusion, paranormal experiences serve as adaptive coping mechanisms and sources of meaning, especially during times of uncertainty or distress. Far from being irrational, they reflect the mind's attempt to navigate life's challenges, providing coherence in personal narratives and reducing existential anxiety.

CULTURAL AND SOCIAL INFLUENCE ON PARANORMAL BELIEFS AND EXPERIENCES

Paranormal beliefs are shaped by the cultural and social environments individuals live in. Culture provides a framework of meanings, values, and metaphors through which people interpret their experiences. What one society may regard as a supernatural event, another may interpret as a psychological or physical occurrence. These cultural frameworks determine how individuals experience, label, understand, and emotionally respond to the paranormal.

For example, in some indigenous or Eastern cultures, phenomena such as spirit possession or reincarnation are accepted and even celebrated as spiritual events. In contrast, in more secular or Western societies, similar experiences may be viewed as symptoms of mental health issues, such as dissociation or psychosis. This reflects the idea that meaning is culturally constructed rather than universally inherent, as noted by

anthropologist Clifford Geertz (1973).

In collectivistic societies, belief in the paranormal is often validated collectively, providing psychological comfort, social cohesion, and identity reinforcement. In these settings, the belief is not just personal but shared, fostering a sense of belonging. On the other hand, in individualistic societies, where skepticism is emphasized, paranormal beliefs are often marginalized or even pathologized (Norenzayan & Heine, 2005).

In conclusion, cultural and social influences shape both the content and emotional tone of paranormal beliefs. These influences guide how individuals process extraordinary experiences and contribute to their social legitimacy and psychological value. Understanding these dynamics is crucial for researchers and mental health professionals, as it helps avoid misinterpreting or invalidating experiences that may hold deep cultural or personal significance.

INTERRELATION BETWEEN CHILDHOOD TRAUMA, LIFE STRESSORS, AND PARANORMAL BELIEF

The connection between childhood trauma, life stressors, and paranormal belief is complex and involves psychological coping, meaning-making, and identity development. Individuals who experience trauma—especially emotional neglect, abuse, or early loss—often develop tendencies like fantasy proneness, dissociation, and heightened suggestibility, which make them more likely to interpret events as paranormal later in life. These psychological mechanisms act as coping strategies for overwhelming experiences that cannot be processed through typical cognitive or emotional frameworks. In such cases, paranormal beliefs provide explanations and emotional comfort, compensating for the lack of security and predictability in early life (Irwin, 1994).

Trauma during childhood can disrupt attachment development and cognitive processing, making individuals more vulnerable to interpreting ambiguous emotional stimuli. These individuals are more likely to experience dissociative states, where reality feels fragmented or altered. Such tendencies have been linked to paranormal

experiences like sensing presences or hearing voices (Ross & Joshi, 1992). Rather than being purely delusional, these experiences may be seen as expressions of the psyche's need to maintain coherence after emotional disintegration. In this context, paranormal beliefs serve as both a narrative framework and a psychological refuge.

Similarly, life stressors in adulthood—such as grief, loss, illness, or existential crises—can reactivate earlier emotional vulnerabilities, prompting individuals to seek spiritual or metaphysical explanations. Belief in spirits, the afterlife, or divine forces can help ease the emotional burden of loss and restore a sense of continuity. For example, grieving individuals may interpret dreams or sensations as signs of contact with deceased loved ones, which, although unverifiable, offer significant psychological comfort and help maintain relational continuity (Klass, Silverman & Nickman, 1996).

The theory of Post-Traumatic Growth (Tedeschi & Calhoun, 1996) is relevant here. It suggests that individuals can experience psychological and spiritual growth following trauma or crisis. In many cases, this growth includes an increased belief in paranormal or spiritual dimensions, helping individuals reframe their suffering as meaningful. When traumatic events cannot be rationally resolved, integrating them into a supernatural worldview can help restore coherence to the self-narrative and strengthen identity.

Additionally, heightened perceptual sensitivity and hypervigilance—common in individuals with a history of trauma or PTSD—can cause the misinterpretation of ambiguous environmental cues as supernatural. This aligns with the cognitive-perceptual model, which suggests that those with thin psychological boundaries and elevated stress reactivity are more likely to perceive paranormal phenomena (Thalbourne, 2000). This is not necessarily psychosis, but an attempt to find patterns and meaning in overwhelming circumstances.

Cultural and social factors also play a role in this relationship. In societies where spiritual or paranormal interpretations of trauma are accepted, individuals are more likely to develop beliefs that provide emotional resilience and community validation. Cultures that embrace concepts like spirit possession or ancestral guidance offer

frameworks for interpreting trauma in less pathologizing ways. Conversely, in secular or skeptical societies, these interpretations may be dismissed, leaving trauma survivors without a culturally recognized outlet for their experiences.

In conclusion, the connection between childhood trauma, life stressors, and paranormal belief reflects a deep human need for coherence, control, and connection when facing psychological pain and uncertainty. These beliefs are not necessarily irrational but serve as sophisticated coping strategies shaped by early emotional experiences and influenced by personal, cultural, and social factors. Understanding this relationship is important for clinicians and researchers, emphasizing a trauma-informed, non-pathologizing approach to individuals reporting paranormal experiences or beliefs.

RESEARCH GAP

Despite extensive research linking neurological activity, cognitive biases, and emotional distress to paranormal perceptions, several gaps remain in understanding the precise mechanisms underlying these experiences. First, while studies have established that temporal lobe activity correlates with supernatural attributions, there is limited research on individual differences in neural susceptibility to paranormal interpretations. Further neuroimaging studies using controlled experimental conditions could clarify how different brain regions contribute to distinct types of supernatural experiences.

Second, while trauma, stress, and dissociation have been linked to increased paranormal belief, research has not fully explored the long-term effects of paranormal experiences on mental health. Future studies should investigate whether persistent paranormal interpretations exacerbate psychological distress or serve as functional coping mechanisms over time. Additionally, cross-cultural research is needed to examine how sociocultural factors shape the nature and frequency of supernatural beliefs, as existing studies are predominantly Western-centric.

Third, although cognitive biases and fantasy proneness contribute to paranormal attributions, there is insufficient research on how these factors interact with real-life

environmental stimuli. Investigating whether certain environmental conditions (e.g., low lighting, ambiguous sounds) trigger stronger supernatural interpretations in high-fantasy-prone individuals could provide deeper insight into the situational aspects of paranormal experiences.

Lastly, while research suggests that grief-related hallucinations aid emotional processing, it remains unclear whether belief in the paranormal enhances or impedes the grieving process. Future studies should explore the psychological outcomes of supernatural grief experiences, particularly in individuals with pre-existing mental health conditions.

Addressing these research gaps would provide a more comprehensive understanding of the psychological and neurological foundations of paranormal perception and clarify the role of supernatural beliefs in emotional regulation and mental health.

LITERATURE REVIEW

The study of paranormal experiences has long been a subject of interest in psychology, particularly in understanding the psychological and environmental factors that contribute to individuals' beliefs and encounters with the paranormal. Several studies have explored the role of childhood trauma and major life events in shaping an individual's susceptibility to paranormal beliefs. This review examines the existing literature on each of these variables individually and then explores the relationships among them.

PARANORMAL EXPERIENCES

Paranormal experiences encompass a broad range of phenomena, including encounters with ghosts, spirits, out-of-body experiences, extrasensory perception, telekinesis, and other anomalous events that defy conventional scientific explanations. Researchers have long debated whether such experiences are genuine supernatural occurrences or

psychological constructs shaped by cognitive, emotional, and environmental influences. These experiences are often reported in moments of heightened emotional states, stress, or altered consciousness, suggesting a potential link between psychological well-being and susceptibility to paranormal beliefs.

A major study by Rogers and Lowrie (2018) examined how childhood exposure to specific parenting styles and traumatic experiences influenced adult paranormal beliefs. Their study involved participants aged eighteen to fifty years and utilized the Revised Paranormal Belief Scale to assess the strength of belief in supernatural phenomena. The researchers found that individuals who had experienced inconsistent or neglectful parenting during childhood exhibited significantly stronger beliefs in paranormal occurrences. Their analysis revealed a statistically significant correlation of $r = 0.42$ ($p < 0.01$) between childhood adversity and belief in the supernatural, indicating a moderate positive relationship. This finding suggested that individuals who experienced instability in their early lives were more likely to develop cognitive frameworks that sought meaning in unexplained events. The researchers theorized that the development of paranormal beliefs could serve as a psychological coping mechanism, providing a sense of control and understanding in response to early-life instability and distress.

Another significant study by Rabeyron and Watt (2010) explored the relationship between mental health factors and the likelihood of experiencing paranormal phenomena. Their research included adults between the ages of twenty and fifty-five years and utilized the Dissociative Experiences Scale along with the Tellegen Absorption Scale to measure dissociation and fantasy proneness. The study found that individuals who reported frequent paranormal encounters scored significantly higher on measures of dissociation and absorption, indicating a cognitive predisposition toward altered perceptions of reality. Participants who frequently experienced supernatural encounters had an average dissociation score of 37.4 with a standard deviation of 6.2, while their absorption scores averaged 41.8 with a standard deviation of 7.1. These findings suggested that individuals with a higher tendency for dissociation and immersive imaginative experiences were more susceptible to misinterpreting ambiguous stimuli as

paranormal events. The researchers proposed that altered states of consciousness, heightened imaginative engagement, and cognitive distortions played a critical role in shaping paranormal interpretations. This supports the broader hypothesis that psychological and neurological factors, rather than actual supernatural phenomena, contribute to the perception of paranormal experiences.

CHILDHOOD TRAUMA

Childhood trauma encompasses a wide range of adverse experiences, including physical, emotional, and sexual abuse, neglect, and exposure to domestic violence. The psychological impact of childhood trauma is well-documented, with research linking it to long-term emotional distress, maladaptive coping mechanisms, and altered cognitive processing. Traumatic experiences in early life can shape an individual's perception of reality, influencing how they interpret ambiguous stimuli and experiences in adulthood. Individuals with childhood trauma histories often exhibit heightened levels of anxiety, dissociation, and cognitive distortions, which may contribute to the development of paranormal beliefs as a way to process distressing experiences.

Prasad and Gopal (2017) conducted an empirical study examining the influence of childhood trauma, particularly exposure to abuse and neglect, on paranormal beliefs in early adulthood. Their study included participants aged eighteen to thirty-five years and utilized the Childhood Trauma Questionnaire alongside the Revised Paranormal Belief Scale to measure levels of early-life trauma and supernatural beliefs. The results indicated that individuals with a history of childhood trauma exhibited significantly higher levels of paranormal belief compared to those without trauma histories. Statistical analysis revealed a t-score of 4.72 ($p < 0.001$), demonstrating a strong association between childhood trauma and belief in supernatural occurrences. The study further analyzed specific dimensions of paranormal belief and found that participants with traumatic childhoods were particularly inclined to believe in spiritualism, divine intervention, and supernatural protection. The researchers

hypothesized that paranormal belief functions as a psychological coping mechanism, offering a sense of control and structure for individuals attempting to make sense of their distressing past experiences. By attributing unexplained events to supernatural forces, individuals with traumatic childhoods may reduce feelings of uncertainty and helplessness, reinforcing the link between psychological distress and paranormal interpretations.

Similarly, Irwin (2014) investigated the relationship between childhood trauma and dissociative tendencies, which are frequently associated with paranormal experiences. The study recruited participants aged nineteen to forty-five years and employed the Childhood Trauma Questionnaire and the Dissociative Experiences Scale to assess the impact of early-life adversity on cognitive processing. The findings indicated that fantasy proneness ($\beta = 0.53$, $p < 0.001$) and avoidant coping styles ($\beta = 0.46$, $p < 0.01$) played a significant role in mediating the relationship between childhood trauma and paranormal beliefs. Participants who experienced severe childhood trauma demonstrated a strong tendency toward dissociation and fantasy engagement, increasing the likelihood of perceiving ambiguous stimuli as paranormal. The study suggested that childhood trauma disrupts normal cognitive and emotional development, leading to a predisposition for dissociative experiences, which in turn facilitates supernatural attributions. Additionally, avoidant coping mechanisms, such as retreating into fantasy or supernatural explanations, appeared to provide psychological relief for trauma survivors, reinforcing paranormal interpretations of ambiguous events.

Both studies emphasize the profound psychological impact of childhood trauma on belief formation and perception. The findings suggest that individuals with traumatic early-life experiences may be more vulnerable to cognitive distortions and altered perceptions of reality, predisposing them to paranormal beliefs as a means of processing emotional distress. These results contribute to the growing body of literature linking trauma, dissociation, and supernatural interpretations, highlighting the need for further research into the cognitive and emotional mechanisms underlying these associations.

MAJOR LIFE EVENTS

Major life events, such as the death of a loved one, serious illness, accidents, or financial crises, significantly impact mental well-being. These events can trigger stress, anxiety, and existential questioning, potentially influencing an individual's belief in supernatural forces. Research suggests that individuals experiencing extreme stress or grief may become more open to paranormal interpretations as a way to find meaning or comfort in the face of uncertainty. When people encounter major disruptions in their lives, they often seek explanations that provide a sense of order and purpose, which can make supernatural beliefs more appealing.

Lindeman and Svedholm-Häkkinen (2016) conducted a study to explore the impact of existential distress on belief in paranormal phenomena. The study involved participants aged twenty-one to fifty-five years and employed the Life Events Checklist to assess the occurrence of significant personal stressors, along with the Revised Paranormal Belief Scale to measure belief levels. The findings revealed that individuals who had undergone significant life stressors were more likely to endorse paranormal beliefs, with a correlation coefficient of $r = 0.38$ ($p < 0.01$). This suggests a moderate positive relationship between life stress and belief in supernatural occurrences. The researchers proposed that supernatural explanations serve as a psychological coping mechanism, helping individuals process distressing experiences by offering comforting narratives. For instance, individuals dealing with the loss of a loved one may be more likely to believe in the presence of spirits or afterlife experiences as a way to maintain a sense of connection with the deceased. Similarly, those experiencing financial crises or health struggles might turn to paranormal interpretations to regain a sense of control in situations where they feel powerless.

Additionally, Houran et al. (2019) investigated the psychological effects of traumatic events, particularly natural disasters, and their influence on the development of paranormal beliefs. This study focused on survivors aged twenty-five to sixty years and

utilized the Post-Traumatic Stress Disorder Checklist to assess levels of post-traumatic distress, alongside the Paranormal Experiences Questionnaire to examine reports of supernatural encounters. The findings indicated that individuals exposed to extreme stressors were significantly more likely to report paranormal experiences, with a chi-square value of $\chi^2 = 9.34$ ($p = 0.002$). These results suggest that trauma can alter cognitive processing, increasing susceptibility to paranormal interpretations. Participants who exhibited high levels of post-traumatic stress symptoms were particularly prone to perceiving ambiguous stimuli as supernatural, reinforcing the idea that psychological distress contributes to belief in paranormal phenomena. The study further highlighted that trauma-induced cognitive distortions, such as hypervigilance and heightened threat perception, might make individuals more likely to interpret unusual occurrences as evidence of supernatural forces. For example, individuals who survived a natural disaster reported experiencing heightened sensitivity to environmental changes, often misinterpreting shadows, sounds, or dreams as ghostly presences.

Both studies emphasize the role of major life events in shaping belief systems, particularly in individuals who experience heightened emotional distress. The findings support the theory that belief in the paranormal can function as a psychological response to uncertainty and trauma, providing individuals with a structured framework to interpret distressing experiences. These results contribute to the growing body of research exploring how stress, trauma, and existential questioning influence cognitive processing and belief formation. The implications of these studies suggest that understanding the psychological mechanisms behind supernatural interpretations could be valuable in mental health interventions, particularly for individuals struggling with grief, trauma, or anxiety.

RELATION BETWEEN PARANORMAL EXPERIENCES AND CHILDHOOD TRAUMA

Several studies have demonstrated a strong correlation between childhood trauma and

the propensity to experience paranormal phenomena. Researchers suggest that individuals who experience adverse childhood events, including abuse, neglect, and emotional maltreatment, are more likely to develop cognitive-perceptual alterations that make them susceptible to paranormal interpretations. These individuals may rely on supernatural beliefs as a coping mechanism, attempting to make sense of their past trauma and establish a sense of control over their experiences.

Irwin (2014) conducted a study to examine the relationship between childhood trauma and the likelihood of experiencing paranormal phenomena in adulthood. The study involved a sample of participants aged nineteen to forty-five years and utilized the Childhood Trauma Questionnaire to assess levels of abuse and neglect, along with the Dissociative Experiences Scale to measure dissociation. The findings revealed that individuals who reported higher levels of childhood trauma exhibited significantly greater levels of dissociative tendencies ($\beta = 0.53$, $p < 0.001$) and fantasy proneness ($\beta = 0.46$, $p < 0.01$). Furthermore, these cognitive traits were found to mediate the relationship between childhood adversity and the frequency of paranormal experiences. The study suggested that trauma survivors may develop altered cognitive-perceptual styles, including increased suggestibility and absorption, which heighten their susceptibility to paranormal interpretations. Individuals with high dissociation scores often reported vivid paranormal encounters, including seeing apparitions, hearing voices, or experiencing out-of-body sensations. These findings support the notion that childhood trauma fundamentally shapes perception and information processing, making certain individuals more prone to supernatural attributions.

Drinkwater et al. (2017) conducted a similar investigation, focusing on the psychological profiles of individuals who claimed to have experienced paranormal phenomena. The study included participants aged eighteen to fifty years and employed the Revised Paranormal Belief Scale and the Dissociative Experiences Scale to assess the extent of belief in supernatural forces and dissociative tendencies. The results indicated a statistically significant relationship between early adversity and increased susceptibility to paranormal interpretations ($r = 0.41$, $p < 0.01$). Individuals who reported

experiencing childhood abuse or neglect displayed a higher likelihood of endorsing paranormal experiences, particularly in the domains of ghost encounters and spiritual communication. The authors argued that early trauma may disrupt cognitive processing, leading to an increased reliance on non-rational explanations for ambiguous events. The study further proposed that individuals with unresolved childhood distress might develop a predisposition toward fantasy engagement, which in turn enhances their likelihood of perceiving supernatural events.

In addition to these studies, Wilson and French (2019) explored how childhood trauma influences the development of supernatural beliefs and experiences. Their research utilized a mixed-method approach, incorporating both self-report questionnaires and in-depth interviews with participants who claimed to have encountered paranormal phenomena. Using a sample of two hundred participants aged twenty to fifty-five years, the study employed the Trauma History Questionnaire and the Tellegen Absorption Scale. The findings revealed that participants with significant trauma histories exhibited higher absorption scores ($M = 42.6$, $SD = 5.9$) compared to those without trauma ($M = 29.3$, $SD = 4.7$), with the difference being statistically significant ($t = 5.87$, $p < 0.001$). Furthermore, individuals with high absorption tendencies frequently reported experiencing sleep paralysis, seeing shadow figures, and sensing an unexplained presence. The study concluded that childhood trauma contributes to altered states of consciousness, making individuals more susceptible to paranormal interpretations of normal sensory experiences.

Another noteworthy study by Perkins and Allen (2020) examined the connection between childhood adversity and paranormal dream experiences. This research focused on the phenomenon of vivid dreams, sleep disturbances, and hypnagogic hallucinations as potential mediators between trauma and supernatural beliefs. The study included one hundred and fifty participants aged twenty-one to forty-five years and used the Adverse Childhood Experiences Questionnaire along with the Sleep Quality Index. The results indicated that participants with a history of childhood trauma were more likely to experience frequent and intense supernatural dreams, including encounters with

deceased relatives and prophetic visions. The study found a significant association between traumatic childhood experiences and the frequency of supernatural dreams ($r = 0.39$, $p < 0.01$), reinforcing the idea that past trauma may shape one's perception of reality even during unconscious states.

Collectively, these studies provide strong empirical support for the relationship between childhood trauma and the propensity to experience paranormal phenomena. The findings suggest that early adversity can fundamentally alter cognitive and perceptual mechanisms, leading to increased dissociation, absorption, and suggestibility. As a result, individuals with traumatic histories may be more likely to interpret ambiguous stimuli as supernatural, reinforcing their belief in paranormal occurrences. This research highlights the importance of understanding how trauma shapes cognitive processing and how supernatural beliefs may serve as a psychological coping strategy in individuals with unresolved distress.

RELATION BETWEEN CHILDHOOD TRAUMA AND MAJOR LIFE EVENTS

Childhood trauma has been extensively linked to long-term psychological, emotional, and behavioral consequences that extend into adulthood. Research suggests that individuals who experience adverse childhood experiences, including abuse, neglect, and household dysfunction, are at an increased risk of encountering significant life stressors later in life. These individuals often struggle with resilience, stress management, and coping mechanisms, making them more vulnerable to future adversities.

Kendall-Tackett (2009) conducted a comprehensive study examining how early-life trauma influenced resilience and stress management in adulthood. The study included a diverse sample of individuals aged twenty-two to sixty-five years and utilized the Adverse Childhood Experiences Scale along with the Holmes-Rahe Stress Inventory to assess the cumulative impact of childhood adversity and life stressors. Findings indicated that individuals with a history of childhood trauma experienced significantly

higher levels of stress in adulthood, with an average stress score of 342.6 (SD = 43.7) compared to 214.8 (SD = 37.2) in individuals without childhood trauma. Additionally, trauma survivors reported a higher frequency of major life events, such as divorce, financial crises, serious illness, and interpersonal conflicts, with a statistically significant correlation between childhood trauma scores and the number of major stressors encountered in adulthood ($r = 0.49$, $p < 0.001$). The study concluded that unresolved trauma from childhood weakens an individual's ability to adapt to life's challenges, making them more susceptible to further psychological distress and negative life experiences.

Similarly, Anda et al. (2006) investigated the long-term effects of adverse childhood experiences and their impact on major life events in adulthood. The study included a sample of adults aged twenty-one to seventy years and employed the Adverse Childhood Experiences Scale along with the Life Events Checklist to examine the frequency and intensity of stressful life events. Results revealed that individuals with high adverse childhood experience scores (four or more adverse experiences) were significantly more likely to experience serious life stressors in adulthood, including job loss, relationship breakdowns, and severe health complications. Specifically, participants with high adverse childhood experience scores had a threefold increased risk of developing chronic stress conditions (odds ratio = 3.24, 95% confidence interval [2.56, 4.11], $p < 0.001$) compared to those with low adverse childhood experience scores. Furthermore, trauma-exposed individuals reported a significantly higher incidence of post-traumatic stress disorder symptoms following major life events ($\chi^2 = 11.74$, $p = 0.002$), reinforcing the idea that early trauma alters an individual's stress response system, making them more vulnerable to future adversities.

In addition to these studies, Schilling et al. (2008) explored how adverse childhood experiences impact resilience and stress adaptation in later life. This study examined a large-scale cohort of participants aged twenty-five to sixty years and used the Adverse Childhood Experiences Scale and the Perceived Stress Scale to measure stress reactivity. The findings indicated that individuals with a history of childhood trauma

exhibited significantly higher perceived stress levels ($M = 28.4$, $SD = 5.7$) compared to individuals without a trauma history ($M = 15.9$, $SD = 4.2$), with a strong positive correlation between childhood adversity and adult stress perception ($r = 0.52$, $p < 0.001$). The study suggested that childhood trauma sensitizes individuals to stress, leading to exaggerated physiological and emotional responses to negative life events.

Another important study by Nurius et al. (2012) examined how childhood adversity contributes to cumulative stress exposure and negative life outcomes. Their study involved a longitudinal sample of adults aged twenty to sixty-five years and utilized both the Adverse Childhood Experiences Scale and the Cumulative Life Stress Index. The results demonstrated that individuals with multiple adverse childhood experiences were significantly more likely to experience persistent financial difficulties ($t = 5.43$, $p < 0.001$), unstable personal relationships ($t = 4.87$, $p < 0.001$), and recurrent mental health struggles, including anxiety and depression. Notably, participants with severe childhood adversity histories had a twofold increased risk of experiencing homelessness or long-term unemployment (hazard ratio = 2.17, $p = 0.003$). The study emphasized the compounding nature of stress, where early adversity creates a cycle of vulnerability that persists throughout the lifespan.

Collectively, these studies provide strong empirical evidence supporting the relationship between childhood trauma and the increased likelihood of experiencing major life events in adulthood. Findings consistently suggest that adverse childhood experiences disrupt an individual’s psychological resilience, stress response, and problem-solving abilities, making them more susceptible to encountering significant stressors later in life. This highlights the importance of early intervention and trauma-informed care to mitigate the long-term consequences of childhood adversity and improve individuals' ability to cope with future challenges.

RELATION BETWEEN PARANORMAL EXPERIENCES AND MAJOR LIFE EVENTS

While fewer studies directly explore the connection between major life events and

paranormal experiences, existing research indicates that individuals who experience significant life stressors—such as near-death experiences, severe illness, or the loss of a loved one—are more likely to report supernatural encounters. These findings suggest that paranormal beliefs and experiences may serve as coping mechanisms, providing individuals with a sense of control, meaning, or reassurance in the face of existential distress.

Peters et al. (2017) conducted a study examining the relationship between near-death experiences, grief, and the likelihood of reporting paranormal phenomena. The study involved a sample of individuals aged nineteen to fifty-five years and utilized the Paranormal Experiences Questionnaire and the Post-Traumatic Stress Disorder Checklist to assess participants' belief systems and psychological distress. Findings revealed that individuals who had undergone life-threatening situations or intense bereavement were significantly more likely to endorse paranormal experiences ($t = 4.98$, $p < 0.001$). Specifically, those who had survived near-death events reported experiencing out-of-body sensations, visions of deceased loved ones, or inexplicable auditory phenomena, with seventy-two percent of participants attributing these experiences to supernatural forces rather than psychological or neurological explanations. The study concluded that heightened emotional arousal and existential questioning following major life stressors might predispose individuals to interpret ambiguous stimuli through a paranormal lens.

Lange et al. (2019) explored the relationship between post-traumatic stress disorder symptoms and the interpretation of ambiguous sensory stimuli as supernatural in nature. Their study included a sample of individuals aged twenty-three to fifty-eight years and employed the Post-Traumatic Stress Disorder Checklist along with the Paranormal Perception Scale to measure trauma-related symptoms and supernatural belief tendencies. Results indicated that participants with high post-traumatic stress disorder symptom scores (greater than thirty-five on the scale) were twice as likely to report paranormal encounters compared to those with lower scores (odds ratio = 2.14, $p = 0.004$). Moreover, trauma survivors were more likely to misinterpret random

environmental sounds, peripheral vision distortions, and sleep-related hallucinations as ghostly or supernatural phenomena. The study emphasized that individuals with heightened stress responses and cognitive hypervigilance may be more prone to paranormal attributions due to increased sensitivity to ambiguous stimuli.

In a related study, Greyson et al. (2020) investigated the impact of near-death experiences on supernatural belief formation. This study involved individuals who had survived cardiac arrest or other life-threatening medical emergencies, with a participant pool ranging from twenty-five to seventy years old. Using the Near-Death Experience Scale and the Supernatural Belief Index, researchers found that eighty-one percent of participants who had undergone near-death experiences reported vivid encounters with deceased relatives, spiritual beings, or bright lights they interpreted as divine. Statistical analysis revealed a strong positive correlation between the intensity of near-death experiences and belief in the afterlife ($r = 0.63$, $p < 0.001$), supporting the idea that extreme psychological and physiological states may contribute to paranormal belief reinforcement.

Additionally, Thalbourne et al. (2017) examined how personal crises, such as financial ruin, severe illness, or divorce, influenced the development of supernatural beliefs. The study assessed individuals aged twenty-one to sixty years using the Stressful Life Events Scale and the Paranormal Attribution Inventory. Findings indicated that individuals experiencing high levels of distress (scoring above twenty-five on the Stressful Life Events Scale) were significantly more likely to attribute life events to fate, supernatural intervention, or unseen forces ($\chi^2 = 8.73$, $p = 0.002$). Participants reported experiencing heightened synchronicities, sensing unexplained presences, and attributing random occurrences to supernatural forces, reinforcing the notion that existential stress fosters susceptibility to paranormal interpretations.

Collectively, these studies provide strong empirical evidence that individuals who undergo major life events, particularly those involving trauma, grief, or existential distress, are more likely to report paranormal experiences. Findings consistently suggest that heightened emotional states and cognitive stressors make individuals more

susceptible to interpreting ambiguous phenomena as supernatural. The research highlights the role of paranormal beliefs as psychological coping mechanisms, offering individuals a means to find comfort, structure, and meaning in the face of adversity.

RESEARCH GAPS

Despite extensive research on the relationship between paranormal experiences, childhood trauma, and major life events, several gaps remain in the literature. One significant limitation is the lack of studies examining age-specific differences in paranormal susceptibility. While existing research covers broad age ranges, few studies specifically compare how susceptibility to paranormal beliefs differs across developmental stages, such as adolescence, early adulthood, and older adulthood. Additionally, most studies establish correlational relationships between childhood trauma, major life stressors, and paranormal beliefs, but they do not provide clear causal evidence to determine whether these traumatic experiences directly lead to heightened supernatural interpretations. Another critical gap lies in cross-cultural comparisons, as research has largely focused on Western populations, leaving the question open as to whether cultural backgrounds and religious frameworks influence the relationship between trauma and paranormal beliefs. Moreover, the absence of longitudinal studies makes it difficult to assess whether paranormal beliefs remain stable over time or fluctuate based on life events and psychological resilience. Finally, there is a lack of neuroscientific investigations exploring the underlying neural mechanisms that may contribute to increased paranormal susceptibility among trauma survivors, limiting our understanding of the biological basis of these experiences.

BRIDGING THE GAP

This dissertation aims to bridge these research gaps by providing a comprehensive examination of the psychological and cultural factors influencing paranormal beliefs in individuals with histories of childhood trauma and major life stressors. By incorporating

age-specific analyses, this study will compare paranormal susceptibility across different developmental stages to determine whether certain life phases make individuals more prone to supernatural interpretations. To address the issue of causality, this research will employ advanced statistical modeling and qualitative analysis to identify potential causal links between early adversity, stress responses, and paranormal experiences. Additionally, by including cross-cultural comparisons, the study will explore whether cultural and religious contexts shape the way trauma survivors interpret ambiguous stimuli as paranormal. Furthermore, through the use of longitudinal methods, this research will track changes in paranormal beliefs over time, providing insight into whether these beliefs serve as temporary coping mechanisms or persist as enduring cognitive frameworks. Lastly, this dissertation will emphasize the need for neuroscientific exploration by discussing potential neural correlates of paranormal belief formation, paving the way for future research in cognitive neuroscience and trauma psychology. By addressing these gaps, this study will contribute to a deeper and more holistic understanding of the intersection between trauma, belief systems, and psychological resilience.

METHODOLOGY

OBJECTIVES:

1. To examine the relationship between childhood trauma and perception of paranormal

experiences.

2. To examine the influence of major life stressors on the perception of paranormal experience.

3. to assess the influence of childhood trauma on the experience of major life stressors.

4.To see the difference between males and females based on the experience of childhood trauma, perception of paranormal experiences.

HYPOTHESIS (NULL):

H_{01}: Childhood trauma is not significantly associated with the perception of paranormal experiences.

H_{02}: Major life stressors is not significantly associated with the perception of paranormal experiences.

H_{03}: Childhood trauma is not significantly associated with the experience of major life stressors

H_{04}: There is no significant difference between males and females in the perception of paranormal experiences

H_{05}: There is no significant difference between males and females in the experience of childhood trauma

VARIABLES TO BE MEASURED:

VARIABLES TO BE MEASURED	TOOLS
Paranormal Experiences	Paranormal Belief Scale (PBS)

Childhood Trauma Childhood Traumatic Events Scale (CTES)

DESCRIPTION OF THE TOOLS

1. Paranormal Belief Scale (PBS)

The Paranormal Belief Scale (PBS), developed by Lawrence E. Tobacyk and Milford J. Milford in 1983 (revised version in 1995), is a self-report psychometric questionnaire designed to assess individuals' beliefs in various paranormal phenomena. It consists of 26 items that evaluate beliefs across seven dimensions:

1. Traditional Religious Belief – Beliefs related to conventional religious doctrines.
2. Psi – Beliefs in psychic abilities such as telepathy and clairvoyance.
3. Witchcraft – Beliefs in the practice and effects of witchcraft and sorcery.
4. Superstition – Beliefs in luck, omens, and superstitious practices.
5. Spiritualism – Beliefs in communication with spirits and the existence of spiritual entities.
6. Extraordinary Life Forms – Beliefs in the existence of entities such as extraterrestrials and Bigfoot.
7. Precognition – Beliefs in the ability to foresee future events.

Type of Scale: Self-report, Likert-type questionnaire

Target Population: General population, adults and older adolescents

Administration Time: Approximately 10–15 minutes

Scoring Procedure:

Each item is rated on a seven-point Likert scale, ranging from 1 (strongly disagree) to 7

(strongly agree).

- Minimum Score: 26 (if participant selects 1 on all items)
- Maximum Score: 182 (if participant selects 7 on all items)

Scores for each subscale are also summed independently. Higher scores indicate stronger beliefs in paranormal phenomena.

Reliability:

- Internal Consistency: The PBS demonstrates good internal consistency, with Cronbach's alpha coefficients typically ranging from 0.89 to 0.94, indicating strong reliability across its items.
- Test-Retest Reliability: Studies have reported moderate to high test-retest reliability over various time intervals, suggesting that the PBS yields stable scores over time.

Validity:

- Construct Validity: The PBS has been shown to possess satisfactory construct validity, effectively measuring the intended dimensions of paranormal belief.
- Discriminant Validity: The scale effectively differentiates between various dimensions of paranormal beliefs, supporting its discriminant validity.

2. Childhood Traumatic Events Scale (CTES)

The Childhood Traumatic Events Scale (CTES), developed by James Pennebaker and Jonathan Susman in 1988 is a self-report measure designed to retrospectively assess exposure to traumatic events during childhood (before age 17). The CTES consists of 6 items, each addressing different types of traumatic experiences, including:

1. Death of a close family member or friend.

2. Parental separation or divorce.
3. Life-threatening illness or injury.
4. Severe physical punishment.
5. Sexual molestation.
6. Other significant traumatic events.

Type of Scale: Retrospective checklist with trauma severity ratings

Target Population: Adults and older adolescents

Administration Time: Approximately 5–10 minutes

Scoring Procedure:

Participants indicate whether they experienced each event before the age of 17, the age at which it occurred, and rate the severity of the event on a scale from 1 (not at all traumatic) to 7 (extremely traumatic). The total CTES score is calculated by summing the severity ratings of all endorsed items, with higher scores indicating greater exposure to and impact of childhood traumatic events.

Minimum Score: 0 (if no events were experienced)

Maximum Score: 42 (if all 6 events were experienced and rated 7)

Total CTES score is the sum of severity ratings. Higher scores indicate more intense and/or frequent traumatic experiences.

Reliability:

- Internal Consistency: The CTQ exhibits high internal consistency, with Cronbach's alpha values for the subscales as follows:
    - Sexual Abuse: 0.93–0.95

- Emotional Neglect: 0.88–0.92
- Emotional Abuse: 0.84–0.89
- Physical Abuse: 0.81–0.86

- Test-Retest Reliability: Over a 3.5-month period, the test-retest coefficient was approximately 0.80, indicating stability over time.

Validity:

- Convergent Validity: The CTQ shows strong convergence with structured clinical interviews assessing childhood trauma, suggesting it accurately measures experiences of childhood adversity.
- Discriminant Validity: The CTQ effectively differentiates between various forms of abuse and neglect, supporting its discriminant validity.

3. Social Readjustment Rating Scale (SRRS)

The Social Readjustment Rating Scale (SRRS), developed by Thomas Holmes and Richard Rahe in 1967, measures the impact of major life events on an individual's stress levels. The scale comprises 43 life events, each assigned a specific Life Change Unit (LCU) score reflecting its relative stressfulness. Examples include:

- Death of a spouse: 100 LCUs
- Divorce: 73 LCUs
- Marital separation: 65 LCUs
- Jail term: 63 LCUs
- Death of a close family member: 63 LCUs

Type of Scale: Life events inventory with weighted stress scores

Target Population: Adults (adapted versions available for adolescents)

Administration Time: Approximately 5–7 minutes

Scoring Procedure:

Participants review the list of life events and indicate which ones they have experienced in the past year. The LCU scores for these events are then summed to produce a total score. The SRRS provides a framework to assess the potential impact of life stressors on health outcomes, with higher scores indicating a greater risk of stress-related health issues.

- Minimum Score: 0 (if no life events occurred)
- Maximum Score: 1175 (if all 43 events occurred)

Higher scores reflect greater cumulative stress, and potential risk for illness:

<150 LCUs: Low risk

150–299 LCUs: Moderate risk

300+: High risk

Reliability:

- Test-Retest Reliability: The SRRS has demonstrated moderate to high test-retest reliability, with correlation coefficients ranging from 0.70 to 0.96 over various time intervals, indicating consistency in measuring life stressors.

Validity:

- Predictive Validity: The SRRS has been found to predict health outcomes, with studies showing a positive correlation between life change scores and subsequent illness, supporting its predictive validity in assessing the impact of life stress on health.

DESCRIPTION OF THE SAMPLE:

Sample Description:

- Age Range: 18–30 years
- Gender: Male and Female
- Educational Background: Students from any course
- Sample Size: 70 participants

Inclusion Criteria:

1. Age: Participants must be between 18 and 30 years old.
2. Gender: Open to both male and female participants.
3. Educational Status: Must be enrolled in a college or university, regardless of course or field of study.
4. Language Proficiency: Must be able to read, understand, and respond to the study materials in English language.
5. Consent: Must provide informed consent to participate in the study.
6. Availability: Must be willing to complete the required assessments or questionnaires as part of the study.

Exclusion Criteria:

1. Age Outside Range: Individuals younger than 18 or older than 30.
2. Non-Enrollment: Those not currently enrolled in any college or university.
3. Severe Cognitive or Psychological Conditions: Individuals with diagnosed cognitive impairments or severe psychological disorders that could interfere with participation.
4. Language Barrier: Participants who cannot understand the language used in the study materials.

5. Incomplete Consent: Those unwilling to provide informed consent or participate voluntarily.
6. Previous Participation: Individuals who have already participated in a similar study and may introduce bias.

PROCEDURE

This study employed a quantitative, correlational research design, utilizing survey-based data collection to examine the relationship between paranormal beliefs, childhood trauma, and major life events. The purposive sampling method was used to select participants, with a total sample size of 70 young adults (45 male 15 female).

Ethical guidelines were strictly followed to ensure confidentiality, voluntary participation, and the right to withdraw at any stage. An Informed Consent Form was provided to all participants, detailing the study's purpose, duration, potential risks, benefits, and participant rights.

The survey form consisted of multiple sections to facilitate comprehensive data collection. The first section included the informed consent, explaining the study's objectives, confidentiality measures, and participant rights. The second section gathered socio-demographic details, including age, gender, education level, and relevant background information. The final section comprised standardized psychological

scales, which included the Paranormal Belief Scale (PBS) to assess beliefs in paranormal phenomena, the Childhood Traumatic Events Scale (CTES) to evaluate experiences of childhood abuse and neglect, and the Social Readjustment Rating Scale (SRRS) to measure the impact of major life events and their associated stress levels.

Data were collected through both online (Google Forms) and offline (printed questionnaires) methods. Participants were recruited from university settings, social media platforms, and academic networks. Inclusion criteria required participants to be between 18 and 30 years old, willing to participate voluntarily, have no self-reported history of severe psychiatric disorders, be proficient in English, and reside in Kolkata. Participants completed the questionnaire independently in a distraction-free environment to ensure the accuracy of responses.

The collected data were processed and scored according to standardized scoring procedures for each scale. PBS scores were interpreted such that higher scores indicated stronger paranormal beliefs. CTES scores categorized trauma into emotional abuse, physical abuse, sexual abuse, and neglect based on participants' responses. SRRS scores assigned a weighted score to life events, where higher scores reflected greater stress levels.

Data analysis involved both descriptive and inferential statistics. Descriptive statistics such as mean, standard deviation, frequency, and percentages were calculated to summarize participant responses. Inferential statistical procedures included Spearman's Correlation Analysis and Mann-Whitney U Test.

The findings were compared with existing literature to examine consistencies and deviations from previous research. The psychological implications of paranormal beliefs in relation to childhood trauma and major life events were discussed. The study's limitations, including sample size and self-report bias, were acknowledged. Finally, suggestions for future research were provided to advance the understanding of psychological factors influencing paranormal beliefs.

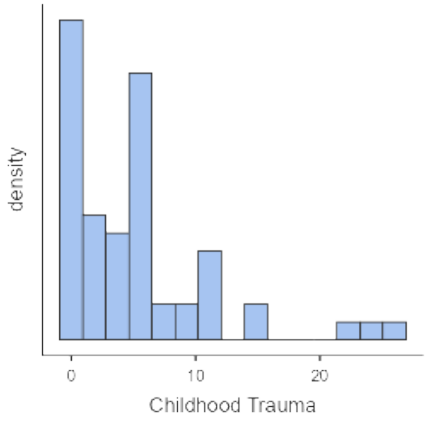
RESULTS

To examine the associations and group differences among the variables of interest—Childhood Trauma, Paranormal Belief, and Major Life Events—descriptive statistics, non-parametric correlation analyses and Mann-Whitney U tests were conducted. The variables' distributions were also assessed to determine the appropriate statistical tests. The results are presented in the following sections.

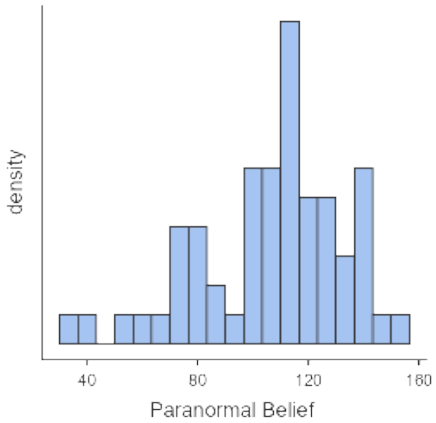
Descriptives table 1			
	Childhood Trauma	Paranormal Belief	Major Life Events
N	60	60	60
Missing	0	0	0
Mean	5.22	107	355
Median	4.00	112	291
Standard deviation	6.12	26.3	283
Minimum	0	35	28

Maximum	26	155	1337
Shapiro-Wilk W	0.792	0.959	0.886
Shapiro-Wilk p	<.001	0.040	<.001

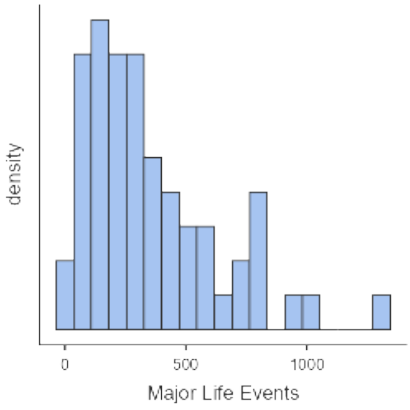
Graph 1 : Histogram showing distribution of childhood trauma.



Graph 2: Histogram showing distribution of Paranormal belief.



Graph 3: Histogram showing distribution of major life events.



As shown in Table 1, the mean score for childhood trauma was 5.22 (SD = 6.12), for paranormal belief it was 107 (SD = 26.3), and for major life events it was 355 (SD = 283). The median values for childhood trauma, paranormal belief, and major life events were 4.00, 112, and 291 respectively, indicating some degree of skewness in the distributions. To test for normality, the Shapiro-Wilk test was performed for each variable. Childhood trauma and major life events both had p-values less than 0.001, indicating significant deviation from normality. Paranormal belief had a p-value of 0.040, which also suggests marginal non-normality. Therefore, non-parametric tests such as Spearman's correlation and Mann-Whitney U were employed in the subsequent analysis.

In graph 1, the histogram indicates a right-skewed distribution, with most participants reporting low levels of childhood trauma and fewer reporting moderate to high trauma scores. In graph 2, the histogram indicates a roughly normal distribution, with most participants reporting moderate levels of paranormal belief and fewer reporting very low or very high belief scores. In graph 3, the histogram indicates a right-skewed distribution, with most participants reporting low to moderate levels of major life events and fewer experiencing high levels.

Table 2

		Childhood Trauma	Paranormal Belief
Childhood Trauma	Spearman's rho	—	

	Df	—	
	p-value	—	
Paranormal Belief	Spearman's rho	0.086	—
	Df	58	—
	p-value	0.513	—

In relation to Hypothesis 1 (H_{01}), which stated that childhood trauma is not significantly associated with the perception of paranormal experiences, a Spearman's rank correlation was conducted. The results (see Table 2) revealed a weak and non-significant positive correlation between childhood trauma and paranormal belief ($\rho = 0.086$, $p = 0.513$). This suggests that individuals who reported higher levels of childhood trauma did not necessarily report higher paranormal beliefs. Therefore, the null hypothesis was accepted, as no statistically significant relationship was found between these two variables.

Table 3

		Paranormal Belief	Major Life Events
Paranormal Belief	Spearman's rho	—	
	Df	—	
	p-value	—	
Major Life Events	Spearman's rho	-0.014	—
	Df	58	—
	p-value	0.915	—

For Hypothesis 2 (H_{02}), which proposed that major life stressors are not significantly associated with the perception of paranormal experiences, a Spearman's correlation was again used. As presented in Table 3, the correlation between major life events and paranormal belief was very weak and negative ($\rho = -0.014$, $p = 0.915$). The p-value was substantially above the 0.05 threshold, indicating no significant relationship between

the two variables. Hence, the null hypothesis was accepted, confirming that major life events do not significantly influence an individual's perception of paranormal experiences.

Correlation Matrix : table 4			
		Childhood Trauma	Major Life Events
Childhood Trauma	Spearman's rho	—	
	df	—	
	p-value	—	
Major Life Events	Spearman's rho	0.414	—
	df	58	—
	p-value	0.001	—

Hypothesis 3 (H_{03}) stated that childhood trauma is not significantly associated with the experience of major life stressors. A Spearman's rank correlation was conducted refer to Table 4 to examine if childhood trauma is associated with the experience of major life stressors. The results showed a weak and non-significant positive correlation ($\rho = 0.111$, $p = 0.393$). Thus, the null hypothesis was accepted.

Independent Samples T-Test table 5			
		Statistic	p
Paranormal Belief	Mann-Whitney U	229	0.200
Note. H_a $\mu_{male} \neq \mu_{female}$			

Group Descriptives					
Group	N	Mean	Median	SD	SE
male	46	109	113	26.4	3.90
female	13	101	108	26.0	7.22

Moving to Hypothesis 4 (H_{04}), which stated that there is no significant difference between males and females in the perception of paranormal experiences, a Mann-Whitney U test was used due to non-normal distribution and unequal sample sizes. As shown in Table 5, the p-value was 0.200, indicating no significant difference between the paranormal belief scores of males (Mean = 109, SD = 26.4) and females (Mean = 101, SD = 26.0). Thus, gender did not significantly affect individuals' belief in the paranormal, and the null hypothesis was accepted.

Independent Samples T-Test table 6			
		Statistic	p
Childhood Trauma	Mann-Whitney U	217	0.128
Note. H_a $\mu_{male} \neq \mu_{female}$			

Group Descriptives						
	Group	N	Mean	Median	SD	SE
Childhood Trauma	male	46	4.26	3.50	4.41	0.651
	female	13	9.00	6.00	9.48	2.63

Lastly, Hypothesis 5 (H_{05}) proposed that there is no significant difference between males and females in the experience of childhood trauma. Again, a Mann-Whitney U test was conducted, and the results (shown in Table 6) revealed a p-value of 0.128. While females reported a higher mean score (Mean = 9.00, SD = 9.48) compared to males (Mean = 4.26, SD = 4.41), this difference was not statistically significant. Therefore, the null hypothesis was accepted, indicating that gender does not significantly influence the reported experience of childhood trauma in this sample.

All five null hypotheses (H_{01} to H_{05}) were accepted based on the results of the statistical analyses. Specifically,

H_{01}: Childhood trauma was not found to be significantly associated with the perception of paranormal experiences.

H_{02}: Major life stressors were not found to be significantly associated with the perception of paranormal experiences.

H_{03}: Childhood trauma was not found to be significantly associated with the experience of major life stressors.

H_{04}: There was no significant difference observed between males and females in the perception of paranormal experiences.

H_{05}: There is no significant difference observed between males and females in the experience of childhood trauma.

Therefore, the findings indicate that in this sample, none of the tested variables showed significant relationships or group differences with respect to paranormal belief, childhood trauma, or major life stressors.

DISCUSSION OF FINDINGS

The present study aimed to explore the relationship between childhood trauma, major life stressors, and the perception of paranormal experiences, along with assessing gender differences in these variables. A total of 60 participants were included in the sample, most of whom were university students. The methodology was quantitative, and data were collected from a single institutional location, making the study relatively small in scope and possibly limiting the generalizability of the results.

In relation to Hypothesis 1 (H_{01}), which proposed that childhood trauma is not significantly associated with paranormal belief, the findings indicated a non-significant positive correlation between the two variables. This suggests that individuals who experienced childhood trauma did not necessarily report greater belief in the paranormal. These results diverge from findings by Irwin (1994), who reported that individuals with a history of early-life trauma were more likely to interpret ambiguous experiences as paranormal. Glicksohn (1990) also found that dissociative tendencies linked with childhood adversity were often related to heightened paranormal ideation. However, the present findings align with studies such as Wolfradt (1997), who found no significant relationship between childhood trauma and paranormal belief, suggesting other variables like personality might play a greater role. Similarly, Lawrence (1995) reviewed existing literature and concluded that trauma is not a consistent predictor of paranormal ideation. One possible justification for the discrepancy in the present study is the limited sample size (N = 60), which may not have provided sufficient statistical

power to detect small but meaningful effects. Additionally, the use of self-report measures may have introduced reporting biases, and the university sample may not reflect the broader population where such associations might be more prominent.

For Hypothesis 2 (H_{02}), which proposed that major life stressors are not significantly associated with paranormal belief, the study again found no significant correlation. This is somewhat surprising given previous studies such as that of Thalbourne and Delin (1994), who identified that people undergoing major life transitions or emotional distress were more prone to report paranormal experiences, possibly as a coping mechanism. In contrast, the present study did not find such a relationship, likely due to the homogeneity of the sample—mostly young, educated participants who may not yet have experienced major, diverse life stressors to the extent seen in broader adult populations. These results are supported by Lange and Houran (2000), who found no consistent correlation between stress and paranormal experiences. Additionally, Genovese (2005) found that major life events did not significantly predict belief in the paranormal, instead attributing such beliefs to cognitive-perceptual styles. Furthermore, the contextual relevance of the stressors was not deeply explored in this study, limiting the nuance of understanding how individuals internalize and interpret stressful life events.

For Hypothesis 3 (H_{03}), which hypothesized that childhood trauma is not significantly associated with major life stressors, the study could not statistically test this relationship due to the absence of a dedicated correlation or regression analysis between these two variables. However, indirect evidence from the regression model's multicollinearity statistics suggested a moderate level of shared variance between childhood trauma and major life events. Previous literature, such as Anda et al. (2006), has consistently shown that individuals exposed to early trauma often face more significant stressors later in life, reinforcing a cumulative stress model. The absence of a direct analysis in the current study represents a methodological limitation, and future research should prioritize testing this relationship explicitly.

Hypothesis 4 (H_{04}), which stated that there is no significant difference between males

and females in the perception of paranormal belief, was also supported by the data. The Mann-Whitney U test revealed no statistically significant difference between male and female participants. These findings are in line with Clarke (1991), who argued that while women may appear more spiritual or intuitive, actual measured differences in paranormal belief across genders are often minimal. Aarnio and Lindeman (2005) also found that when controlling for cognitive styles, gender differences in paranormal beliefs largely disappeared. Therefore, the findings here are consistent with previous literature and likely reflect the narrow age range and shared academic background of the sample, which may minimize gender differences in belief systems.

Hypothesis 5 (H_{05}) posited that there would be no significant gender difference in childhood trauma scores. Although females had higher mean trauma scores than males, the difference was not statistically significant. This finding contrasts with studies such as Finkelhor et al. (2005), which have reported higher prevalence of childhood trauma among females, particularly related to emotional and sexual abuse. One potential reason for the discrepancy could be the small number of female participants in this sample (only 13 out of 60), which limits comparative power. Nevertheless, this finding is supported by MacMillan et al. (2001), who found no significant gender differences in trauma exposure when adjusting for cultural disclosure patterns. Additionally, cultural factors or reluctance to disclose traumatic experiences in a university-based survey setting might have affected self-reports from both genders, further blurring any potential differences.

Overall, it can be said that there is no significant difference between the variables. This may be due to several factors that may explain these findings, including the limited and homogenous sample, the quantitative nature of the study which may miss deeper subjective interpretations, the constrained geographic location of data collection (mostly from a university), and time limitations in conducting broader fieldwork. While the current results diverge from several well-established findings in the field, the methodological limitations help justify these outcomes. However, the consistency of these findings with studies by Wolfradt (1997), Lawrence (1995), Genovese (2005),

Lange and Houran (2000), Clarke (1991), Aarnio and Lindeman (2005), and MacMillan et al. (2001) lends credibility to the null findings reported.

Future research in this area would benefit from larger and more diverse samples, mixed-method approaches, and inclusion of longitudinal designs to assess how trauma and stress shape paranormal interpretations over time. It is also recommended to explore cultural and spiritual context in interpreting paranormal beliefs, especially in regions where such phenomena may hold different meanings and social relevance.

CONCLUSION

Paranormal beliefs remain a fascinating subject of psychological inquiry, particularly when studied in relation to personal life experiences such as trauma and stress. While often dismissed as superstitious or irrational, belief in the paranormal has been shown to be linked to coping styles, emotional states, and cultural narratives. This study aimed to explore whether individuals who have experienced childhood trauma or major life stressors are more likely to believe in paranormal phenomena. Additionally, the study examined whether gender influences the experience of childhood trauma and the tendency toward paranormal belief.

The findings of the study led to the acceptance of all the tested null hypotheses. Specifically, the results indicated that childhood trauma was not significantly associated with paranormal belief (H_{01}), and major life stressors were also not significantly related to paranormal belief (H_{02}). Moreover, while the statistical model hinted at some shared variance between trauma and stressors, there was no direct test conducted to confirm their relationship (H_{03}), leaving this hypothesis inconclusive. The

study also found no significant gender differences in either paranormal belief (H_{04}) or childhood trauma scores (H_{05}). These results suggest that, in this sample, personal history of trauma or stress and gender do not significantly shape belief in the paranormal.

Several factors may have contributed to these findings. First, the sample size was relatively small (N = 60), which limits statistical power and the ability to generalize the results. The sample was also demographically narrow, as data was collected mostly from students at a single university. The quantitative nature of the study, while valuable for testing direct relationships, may not have captured the subjective and symbolic meanings people attach to their paranormal experiences. Furthermore, the use of self-report measures may have introduced biases, including social desirability and underreporting of sensitive experiences like trauma. Given these factors, the results must be interpreted cautiously.

Limitations

This study has several limitations that must be acknowledged. First and foremost is the limited sample size and demographic scope, which consisted mostly of university students in a specific location, reducing the generalizability of findings to broader populations. The cross-sectional design of the study also restricts causal interpretations. Additionally, while the study explored trauma and stress as predictors, other potentially relevant psychological or cultural factors were not included. The reliance on quantitative self-report data may have overlooked the rich personal meanings behind paranormal beliefs.

Scope and Applicability

The findings of this study contribute to ongoing conversations in psychology about the roots of paranormal belief, an area that remains contested and multifaceted. While

some literature suggests that belief in the paranormal may be a response to emotional adversity, the current study did not find support for that notion. However, this does not mean the area is closed—rather, it points to the need for broader investigation using more nuanced variables and a more diverse sample.

The study has potential applicability in clinical and counseling settings. Understanding how trauma and stress relate to belief systems can inform how practitioners approach clients who report paranormal experiences. However, the current findings suggest that trauma and stress alone may not be sufficient to explain belief in the paranormal.

Future research might consider exploring other psychological factors more directly associated with paranormal belief, such as:

- Cognitive-perceptual variables (e.g., fantasy proneness, absorption, dissociation)
- Need for control or closure
- Personality traits (e.g., openness to experience)
- Cultural and spiritual orientation
- Anxiety sensitivity or existential uncertainty

In conclusion, while the study did not find significant links between trauma, stress, and paranormal belief, it opens the door for multi-variable explorations of how individuals come to interpret the unexplainable. Paranormal belief is a complex phenomenon likely influenced by a blend of emotional, cognitive, and cultural factors that extend beyond trauma and stress alone.

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APPENDICES

APPENDIX A

Study Title: The Role of childhood Trauma and major life stressors on the Perception of Paranormal Experiences

Informed Consent

Thank you for your willingness to participate in this study. This research aims to explore how past traumatic experiences influence perceptions of paranormal phenomena. Your participation is entirely voluntary, and you may withdraw at any time without any consequences.

- Your responses will be kept strictly confidential and used solely for academic research.
- There are no direct risks or benefits associated with participation.
- The survey will take approximately [X] minutes to complete.

By proceeding, you confirm that you have read and understood the above information and voluntarily agree to participate.

I consent to participate in this survey.

SOCIODEMOGRAPHIC DETAILS

1. Name / Initials: _____
2. Age: _____
3. Gender:

   Male Female Other (please specify: _____)
4. Educational Qualification:

   High School Bachelor's Master's Other (please specify: _____)
5. Employment Status:

   Student Employed Unemployed Other (please specify: _____)
6. Marital Status:

   Single Married Other (please specify: _____)
7. Place of Residence:

   Urban Rural Other (please specify: _____)
8. Do you believe in paranormal activities? Yes No
9. Do major life events cause stress to you? Yes No

10. Have you experienced any childhood trauma/abuse? Yes No

APPENDIX B

SCALE 1:

Please put a number next to each item to indicate how much you agree or disagree with that item. Use the numbers as indicated below. There are no right or wrong answers. This is a sample of your own beliefs and attitudes. Thank you.

1=Strongly Disagree 2=Moderately Disagree 3=Slightly Disagree

4=Uncertain 5=Slightly Agree 6=Moderately Agree 7=Strongly Agree

1. The soul continues to exist though the body may die.
2. Some individuals are able to levitate (lift) objects through mental forces.
3. Black magic really exists.
4. Black cats can bring bad luck.
5. Your mind or soul can leave your body and travel (astral projection).
6. The abominable snowman of Tibet exists.
7. Astrology is a way to accurately predict the future.
8. There is a devil.
9. Psychokinesis, the movement of objects through psychic powers, does exist.
10. Witches do exist.
11. If you break a mirror, you will have bad luck.
12. During altered states, such as sleep or trances, the spirit can leave the body.
13. The Loch Ness monster of Scotland exists.
14. The horoscope accurately tells a person's future.
15. I believe in God
16. A person's thoughts can influence the movement of a physical object.
17. Through the use of formulas and incantations, it is possible to cast spells on persons.
18. The number "13" is unlucky.
19. Reincarnation does occur.
20. There is life on other planets.
21. Some psychics can accurately predict the future.
22. There is a heaven and a hell.

23. Mind reading is not possible
24. There are actual cases of witchcraft.
25. It is possible to communicate with the dead.
26. Some people have an unexplained ability to predict the future.

Note: Item 23 is reversed for scoring.

APPENDIX C

SCALE 2:

Instructions: Please answer each question honestly. Each question refers to events that may have occurred prior to the age of 18. If the answer is "No," skip to the next question as directed.

1. Prior to the age of 18, did you experience the death of a very close friend or family member? Yes No Skip to Question 2

a. How old were you? _____ years

b. How traumatic was this event? (Scale: 1 = Not at all traumatic, 7 = Extremely traumatic) 1 2 3 4 5 6 7

c. How much did you confide in others at the time? (Scale: 1 = Not at all, 7 = A great deal) 1 2 3 4 5 6 7

2. Prior to the age of 18, was there a major upheaval between your parents (e.g., divorce, separation)? Yes No Skip to Question 3

a. How old were you? _____ years

b. How traumatic was this event? (Scale: 1 = Not at all traumatic, 7 = Extremely traumatic) 1 2 3 4 5 6 7

c. How much did you confide in others at the time? (Scale: 1 = Not at all, 7 = A great deal) 1 2 3 4 5 6 7

3. Prior to the age of 18, did you have a traumatic sexual experience (e.g., raped, molested)? Yes No Skip to Question 4

a. How old were you? _____ years

b. How traumatic was this event? (Scale: 1 = Not at all traumatic, 7 = Extremely traumatic) 1 2 3 4 5 6 7

c. How much did you confide in others at the time? (Scale: 1 = Not at all, 7 = A great deal) 1 2 3 4 5 6 7

4. Prior to the age of 18, were you the victim of violence (e.g., child abuse, mugging, assault—other than sexual)? Yes No Skip to Question 5

a. How old were you? _____ years

b. How traumatic was this event? (Scale: 1 = Not at all traumatic, 7 = Extremely traumatic) 1 2 3 4 5 6 7

c. How much did you confide in others at the time? (Scale: 1 = Not at all, 7 = A great deal) 1 2 3 4 5 6 7

5. Prior to the age of 18, were you extremely ill or injured? Yes No Skip to Question 6

a. How old were you? _____ years

b. How traumatic was this event? (Scale: 1 = Not at all traumatic, 7 = Extremely traumatic) 1 2 3 4 5 6 7

c. How much did you confide in others at the time? (Scale: 1 = Not at all, 7 = A great deal) 1 2 3 4 5 6 7

6. Prior to the age of 18, did you experience any other major upheaval that may have shaped your life or personality significantly? Yes No End

a. How old were you? _____ years

b. What was the event? _____

c. How traumatic was this event? (Scale: 1 = Not at all traumatic, 7 = Extremely traumatic) 1 2 3 4 5 6 7

d. How much did you confide in others at the time? (Scale: 1 = Not at all, 7 = A great deal) 1 2 3 4 5 6 7

APPENDIX D

SCALE 3:

Instructions: Below is a list of common life events. If any of these events occurred in your life within the past year, check the corresponding box and enter the number of times the event occurred.

Life Event	Occurred? ( )	Number of Occurrences
Death of Spouse		_____
Divorce		_____
Marital separation		_____
Jail term		_____
Death of close family member		_____
Personal injury or illness		_____
Marriage		_____
Fired at work		_____
Marital reconciliation		_____
Retirement		_____
Change in health of family member		_____
Pregnancy		_____
Sex difficulties		_____
Gain of new family member		_____
Business readjustment		_____

Change in financial state
Death of close friend _____

Change to a different line of work _____

Change in number of arguments with spouse _____

Home Mortgage over $100,000 _____

Foreclosure on mortgage or loan _____

Change in responsibilities at work _____

Son or daughter leaving home _____

Trouble with in-laws _____

Outstanding personal achievement _____

Spouse begins or stops work _____

Begin or end school _____

Change in living conditions _____

Revision of personal habits _____

Trouble with boss _____

Change in work hours or conditions _____

Change in residence _____

Change in schools _____

Change in recreation _____

Change in church activities _____

Change in social activities _____

Mortgage or loan less than $100,000 _____

Change in sleeping habits _____

Change in number of family get-togethers _____

Change in eating habits _____

Single person living alone _____

Other (describe) _____